

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	10576864	FILING DATE
	APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		(1		1		
6		(1		1		
7		(1		1		
8		(1		1		
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18	1		1			
19		1		1		
20		2		1		
21		(1		1		
22		(1		1		
23	1		1			
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	31	←		←
TOTAL CLAIMS			34			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						